

**MENTAL HEALTH SERVICES PLAN  
ELIGIBILITY DETERMINATION PROCESS  
Individuals 18 Years of Age and Older  
July 1, 2003**

The Mental Health Services Plan (MHSP) is a state-funded program that provides medically necessary mental health services to individuals who are over the age of 17 with a family income of 150% of the Federal poverty level. In addition to the financial eligibility, the individual must have a severe and disabling mental illness determined by a licensed mental health professional.

Eligibility for MHSP is determined by one of the Community Mental Health Centers located throughout Montana.

**I. Standard MHSP Eligibility**

- A. Purpose: For low income mental health clients presenting with apparent or suspected severe and disabling mental illness (SDMI) in need of continuing, but not urgent, treatment.
- B. Process:
  - 1. Applicant obtains and completes (often with provider assistance) a financial application and forwards it to the Community Mental Health Center (CMHC).
  - 2. CMHC reviews application for total family income at or below 150% of federal poverty level.
  - 3. If not financially eligible, notice is sent to the applicant and process ends.
  - 4. If financially eligible, CMHC will complete a clinical assessment to determine SDMI.
  - 5. If not clinically eligible, notice is sent to the applicant and process ends.
  - 6. If clinically eligible, MHSP eligibility is established for one year effective the date that the financial application was received by the CMHC.

**II. Emergency MHSP Eligibility**

- A. Purpose: For use in a psychiatric crisis or emergency when there is no evident Medicaid or MHSP eligibility and there is no other apparent payment source. Emergency eligibility is limited to brief services for immediate crisis response and stabilization.
- B. Process:
  - 1. CMHC responds in person (not telephonically) to crisis situation, obtains basic client demographic information.
  - 2. CMHC enters a 1- to 2-day limited authorization span that allows payment of claim for services provided during the psychiatric crisis.
  - 3. CMHC initiates the standard eligibility determination process when the client is stable and if CMHC determines the client likely qualifies for MHSP.
  - 4. Eligibility is effective only for the day or days that emergency/crisis treatment is provided and authorized by the CMHC.

**III. Potential Medicaid Eligibility**

- A. Purpose: To ensure that individuals seeking mental health services have access to the widest possible range of medical services for which they are eligible and to maximize the use of Medicaid resources.
- B. Process:
  - 1. The CMHC screens all MHSP financial applications for potential Medicaid eligibility

2. If the applicant appears potentially eligible for Medicaid, the applicant is referred to the county Office of Public Assistance (follow-through is required within 30 days of the notification, or MHSP eligibility will be terminated).
3. MHSP eligibility process continues. MHSP eligibility may remain effective even if the applicant qualifies for Medicaid.

#### **IV. Eligibility Renewal**

- A. MHSP eligibility is valid for one year unless:
  1. The MHSP beneficiary's income rises above 150% of the federal poverty level.
  2. A new financial application must be submitted to the CMHC anytime that an MHSP beneficiary's income increases.
- B. CMHC will send a renewal form to the beneficiary 30 days prior to expiration.
- C. If renewal is not completed within 30 days of expiration, eligibility will be terminated
  1. If the renewal application is received within 30 days following expiration, the renewal will be effective retroactive to the date of expiration, with no lapse in eligibility
  2. Otherwise, the renewal will be effective on the date the application was received by the CMHC, and there may be a gap in coverage
- D. Only financial information is required for standard (i.e., received within 30 days of expiration) re-application.
  1. A clinical assessment is not required.
  2. A clinical assessment will not be reimbursed.
- E. If a beneficiary's eligibility lapses for six months or more, a new clinical assessment will be required.

#### **V. Appeals and Reapplication**

- A. Financial Determination
  1. CMHC may require additional information or verification from the applicant at any time during the determination process.
  2. If an applicant disagrees with the determination, the applicant may request reconsideration from the CMHC.
  3. An applicant found not to be financially eligible may submit a new application anytime the applicant's family income decreases sufficiently to fall below 150% of the federal poverty level.
    - a. If the applicant is then found eligible, the effective date will be the date the subsequent application was received by the CMHC.
    - b. If a previous clinical assessment was completed within six months of the second application, a new clinical application is not required.
- B. Clinical Determination
  1. The CMHC may require additional information or verification from the applicant at any time during the determination process.
  2. If an applicant disagrees with the determination, they may request reconsideration from the CMHC.
  3. An applicant found not to be clinically eligible may request a new assessment anytime the applicant's clinical condition changes sufficiently to meet the SDMI requirements.
    - a. The ultimate eligibility date will be the date of the new clinical assessment.
    - b. A new financial application will be required if the prior application is more than 90 days old, or if the applicant's family income has increased.